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| Substitute for Form<br>PTO-1390  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE    |  | ATTORNEY'S DOCKET NUMBER<br>030662-122                              |  |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371   |  |  |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/536988</b> |  |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2003/015855   |  | INTERNATIONAL FILING DATE<br>11 December 2003 (11.12.2003) |  | PRIORITY DATE CLAIMED<br>13 December 2002 (13.12.2002)              |  |
| TITLE OF INVENTION<br>LIQUID CRYSTAL DISPLAY OF OCB OR VA MODE   |  |  |  |   |  |
| APPLICANT(S) FOR DO/EO/US<br>ITO, Yoji   |  |  |  |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |  |  |   |  |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |  |  |   |  |
| Items 11 to 21 below concern document(s) or information included:  |  |  |  |   |  |
| <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input type="checkbox"/> A FIRST preliminary amendment.</li> <li>14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: <ol style="list-style-type: none"> <li>1) General Authorization for Petitions for Extensions of Time and Payment of Fees</li> <li>2) Application Data Sheet</li> <li>3) Form PCT/ISA/210 (International Search Report)</li> <li>4) Form PCT/IPEA/409 (International Preliminary Report on Patentability)</li> </ol> </li> </ol>   |  |  |  |   |  |

|   |  |                               |  |                          |  |
|---|--|-------------------------------|--|--------------------------|--|
| U.S. APPLICATION NO. (If known, see 37 CFR 1.5) |  | INTERNATIONAL APPLICATION NO. |  | ATTORNEY'S DOCKET NUMBER |  |
| 10/536988                                       |  | PCT/JP2003/015855             |  | 030662-122               |  |

| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information:</p> <p><u>FUJI PHOTO FILM CO., LTD., Minami-ashigara-shi, Kanagawa, Japan</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p>  | CALCULATIONS PTO USE ONLY |              |              |                   |                         |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
|---|---------------------------|--------------|--------------|-------------------|-------------------------|--|--------------|----|-------|---|------------------|-----------|--------------------|---|------|---|-------------------|---------|---|--|--|--|-------------------|--|-----------------|--|--|--|-------------------|-----------|------------|--|--|--|-------------------|-----------|--|--|--|--|--|--|-------------------------------|--|--|--|--|-------------|--|--|--|--|--|-----------|------------|--|--|--|--|-------------|--|--|--|--|--|---------|----------------------|--|--|--|--|-------------|--|--|--|--|--|----------|-----------------------|--|--|--|--|-------------|--|--|--|--|--|-------------------------|--|--|--|--|--|-----------|--|
| <p>Basic Filing Fee (1631) _____</p> <p>Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CLAIMS</th> <th style="width: 15%;">NUMBER FILED</th> <th style="width: 15%;">NUMBER EXTRA</th> <th style="width: 15%;">RATE</th> <th style="width: 10%;">\$</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">23</td> <td style="text-align: center;">-20 =</td> <td style="text-align: center;">3</td> <td style="text-align: center;">x \$50.00 (1615)</td> <td style="text-align: right;">\$ 150.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">-3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$200.00 (1614)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: center;">+ \$360.00 (1616)</td> <td></td> </tr> <tr> <td colspan="4">Examination Fee</td> <td style="text-align: center;">+ \$200.00 (1633)</td> <td style="text-align: right;">\$ 200.00</td> </tr> <tr> <td colspan="4">Search Fee</td> <td style="text-align: center;">+ \$400.00 (1632)</td> <td style="text-align: right;">\$ 400.00</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td style="text-align: right;">\$ 1,050.00</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td style="text-align: right;">+ \$ 0.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL =</td> <td style="text-align: right;">\$ 1,050.00</td> </tr> <tr> <td colspan="5">           Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).         </td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td style="text-align: right;">\$ 1,050.00</td> </tr> <tr> <td colspan="5">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +         </td> <td style="text-align: right;">\$ 40.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="text-align: right;">\$ 1,090.00</td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;">Amount to be refunded :</td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;">charged :</td> </tr> </tbody></table> | CLAIMS                    | NUMBER FILED | NUMBER EXTRA | RATE              | \$                      |  | Total Claims | 23 | -20 = | 3 | x \$50.00 (1615) | \$ 150.00 | Independent Claims | 2 | -3 = | 0 | x \$200.00 (1614) | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + \$360.00 (1616) |  | Examination Fee |  |  |  | + \$200.00 (1633) | \$ 200.00 | Search Fee |  |  |  | + \$400.00 (1632) | \$ 400.00 | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  |  |  | TOTAL OF ABOVE CALCULATIONS = |  |  |  |  | \$ 1,050.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  |  | + \$ 0.00 | SUBTOTAL = |  |  |  |  | \$ 1,050.00 | Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  |  | \$ 0.00 | TOTAL NATIONAL FEE = |  |  |  |  | \$ 1,050.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property + |  |  |  |  | \$ 40.00 | TOTAL FEES ENCLOSED = |  |  |  |  | \$ 1,090.00 |  |  |  |  |  | Amount to be refunded : |  |  |  |  |  | charged : |  |
| CLAIMS  | NUMBER FILED              | NUMBER EXTRA | RATE         | \$                |                         |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| Total Claims  | 23                        | -20 =        | 3            | x \$50.00 (1615)  | \$ 150.00               |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| Independent Claims  | 2                         | -3 =         | 0            | x \$200.00 (1614) | \$ 0.00                 |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |                           |              |              | + \$360.00 (1616) |                         |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| Examination Fee   |                           |              |              | + \$200.00 (1633) | \$ 200.00               |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| Search Fee  |                           |              |              | + \$400.00 (1632) | \$ 400.00               |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)  |                           |              |              |                   |                         |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| TOTAL OF ABOVE CALCULATIONS =   |                           |              |              |                   | \$ 1,050.00             |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |                           |              |              |                   | + \$ 0.00               |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
| SUBTOTAL =  |                           |              |              |                   | \$ 1,050.00             |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
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| TOTAL NATIONAL FEE =  |                           |              |              |                   | \$ 1,050.00             |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
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| TOTAL FEES ENCLOSED =   |                           |              |              |                   | \$ 1,090.00             |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
|   |                           |              |              |                   | Amount to be refunded : |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |
|   |                           |              |              |                   | charged :               |  |              |    |       |   |                  |           |                    |   |      |   |                   |         |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |  |             |  |  |  |  |  |           |            |  |  |  |  |             |  |  |  |  |  |         |                      |  |  |  |  |             |  |  |  |  |  |          |                       |  |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |

a. ☐ A check in the amount of \_\_\_\_\_ to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. 02-4800 in the amount of \_\_\_\_\_ to cover the above fees. A duplicate copy of this sheet is enclosed.

c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4800. A duplicate copy of this sheet is enclosed.

d. ☒ Charge \$ 1,090.00 to credit card. Form PTO-2038 is attached.

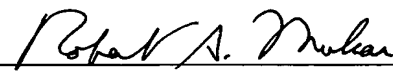
**NOTE:** Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

Burns, Doane, Swecker & Mathis, L.L.P.  
 P.O. Box 1404  
 Alexandria, Virginia 22313-1404  
 (703) 836-6620



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
28,531

\_\_\_\_\_  
May 31, 2005

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE